

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101580369

FILING DATE
5-23-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1					
3			1				
4	3						
5	3						
6	1		1				
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50							
TOTAL IND.			1				
TOTAL DEP.			16				
TOTAL CLAIMS			17				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.			1				
TOTAL DEP.			16				
TOTAL CLAIMS			17				

